

State Superintendent of Education ————————————————————————————————————	
Part 1: Local Educational Agency Information	
Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
DC Bilingual Public Charter School	Wanda Perez
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
1420 Columbia Road NW, Washington DC 20009	wperez@centronia.org
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
202-332-4200	202-332-4200 ×1051
Name of Primary LEA Contact for Consolidated Application Programs	Name of Additional LEA Contact for Consolidated Application Programs
Wanda Perez	Susan Reddish
Position Title of Primary LEA Contact for Consolidated Application Programs	Position Title of Additional LEA Contact for Consolidated Application Programs
Principal	Grants Manager
Email Address of Primary LEA Contact for Consolidated Application Programs	Email Address of Additional LEA Contact for Consolidated Application Programs
wperez@centronia.org	sreddish@centronia.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs	Telephone Number of Additional LEA Contact for Consolidated Application Programs
202-332-4200 x1051	202-332-4200 x 1067
Part 2: Programs for Which the LEA is Applying for Funding	
Please indicate, by checking the applicable box below, the schedule that the LEA including the "Tydings" period) for submitting reimbursement requests for all gra	to Title II, Part A  56,725.43  LEA Allocation for Title III, Part A  \$ 14,981.13  on of Reimbursement Requests  will follow for Federal Fiscal Year 2010 (July 1, 2010 - September 30, 2012, ants included in this application in order to maintain regular drawdowns of federal
funds. From among these options, the LEA has the flexibility to choose a schedule	
Monthly (12 workbooks per year)  Bi-Monthly (6 workbooks per year)	rkbooks per year)  Quarterly (4 workbooks per year)  X
Part 4: LEA Certific	ation of Application
By signing below, the Applicant certifies that all of the information contained in this application is true and accurate to the best of its knowledge.  Additionally, the Applicant certifies that it has read and agrees to all additional assurances and certifications included in Phase II of the application.	
Name of Individual Certifying Phase II Application (Board Chairperson or Chancellor only)	Signature of Individual Certifying Phase II Application
Lester Mattock	Traceas
Fitle of Individual Certifying Phase II Application (Board Chairperson or Chancellor only)  Chairperson of the Board of Directors	Date of Certification (Input at the time of signature)
	Clugart 20, 2013
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FILL MORKBOOK AND A SIGNED COANIES CORN OF THIS DATE BY THAT TO COME AND A SIGNED COANIES CORN OF THIS DATE BY THAT TO COME AND A SIGNED COANIES	
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.	
OSSE Use Only	
Date Phase II Application First Received:	